



The South India CHURCHMAN

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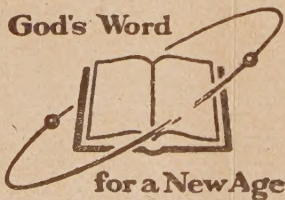
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"Heal the Sick"

When Jesus sent his disciples out to proclaim the Good News to the people he told them also 'to heal the sick, raise the dead, cleanse lepers, cast out devils'. This association of healing with proclamation of the Kingdom on the one hand and its 'signs' or the working of miracles on the other has often created an ambivalence of outlook on healing as a Christian ministry in the minds of many Christians. Whole groups or sects of Christians understand it exclusively as a gift of the Spirit for effecting miraculous cures and think that it is even a sin to consult a doctor. They also tend to make the achievement of such cures the test of the faith of both the healer and the patient. And, perhaps because of its spectacular nature, thousands of evangelists even today seem to strive for the acquisition of 'faith healing' as the spiritual gift, *par excellence*.

Even eminent doctors and scientists have admitted that at least some of the instances of 'faith healing' they have investigated are quite genuine. Apart from the mystery of the body-mind relationship, which is just beginning to be explored by scientific methods and which might account for such cures in a patient, it would appear that, on a purely physical or physiological level, some persons have 'healing hands'. As against this, however, we should also remember the deliberate charlatanism of many, many claimants of such miraculous power, the millions who have died trusting in 'spiritual healing' who might have been saved by medical means and also the sad end—such as a prison or worse—of many who lost their moral sanity by the craze they developed for being honoured and followed as faith-healers. We must also not forget that where genuine miraculous cures are performed they are by no means confined to Christian healers or to those who put their faith in Christ.

The ambivalent attitude we have spoken of is to be seen among Christian doctors and nurses also. Many of them attribute healing through them to prayer rather than to medical or surgical skill or appliances. If their prayer is an expression of love for the patient and a dedication to the cause of his well-being and also of their dependence on God as the ultimate source of all knowledge and skill one could understand and commend them. But when it is claimed that the real efficacy for the cure resides in the prayer and not in the medical means used, the layman wonders why at all the medical means must be used and how millions of cures are effected every day by those who do not so much as speak of prayer.

It is not expected of any other Christian professional man, however great he might be in the spirit, that he should turn stones into bread to feed the hungry instead of growing more food, or pray a bridge into existence without learning how to build one, or even educate a boy to have knowledge without first becoming a student himself. And, yet, when it comes to healing, the achievement of cures by prayer is not infrequently taken even by some doctors as a challenge and a test of a Christian's spiritual power. It may be in part, as we said earlier, because, in the ministry of Jesus and his disciples, miraculous healing was a normal expression of both their concern for others and the activity of the Spirit working through them. It is clear, therefore, that further study must be made of the place of 'faith healing' in the Church side by side with research into the psycho-somatic phenomena of man's being and existence which have made it necessary to recognise the relevance of counselling, psychiatry and religious faith to the processes of healing.

Such an investigation would, however, also have to take note of the fact that Jesus would appear to have regarded



medication as the normal means of curing diseases as in his references to physicians who were needed by the sick and not by the healthy. In the parable that Jesus told of love for the neighbour the good Samaritan did not pray the wounded man back to wholeness, but used the available antiseptic and ambulance of the day and secured for him the conditions of rest and care under which he was most likely to recover. So, whatever spiritual glory might be claimed for healing by faith and prayer, it would seem that Christian love would express itself normally in selfless service of the sick. St. Paul too, says that love is the 'better way' than the display of miraculous 'gifts' that the early Christians were inclined to regard as the acme of spiritual power.

It is gratifying to find that on the whole the Church has thought of healing as a challenge to Christian love rather than to Christian power to work miracles—except in so far as love itself works—the miracles of selfless service as at Lambarene or inspires the ventures of faith as at Vellore or Oddanchatram (of which more is said elsewhere in these columns). During the great Missionary Movement in the Nineteenth Century it came spontaneously to the Missionaries to establish hospitals, schools and orphanages wherever they carried the gospel. For, as St. James points out, they realised that faith and a zeal for the 'Gospel' do not constitute a communication of the Gospel by themselves, but that they must be undergirded by, or placed in a setting of, Christian love expressing itself in obvious, but essential, services to the people to whom they went to preach the Gospel.

Love urged the Lady Fabiola to start the first hospital in Rome. The same love has 'constrained' missionaries and Christian philanthropists to start the first hospitals in many other countries of the world and to build thousands of other hospitals all over the world. In our country we may feel thankful to God for both the quantity and quality of medical service that is being rendered by the Church through its hospitals and its institutions for training doctors, nurses and para-medical personnel. The statistics are quite impressive. According to the Director of the Christian Medical Commission in Geneva, 'not only are the Churches in India, collectively, operating 600 hospitals with more than 45,000 beds . . . , but this also represents a large number of hospitals that are available in many countries of the world'. A report relating to 1962 said that the Church of South India alone 'has under its auspices 67 hospitals and 13 dispensaries with a total of 4,800 beds. About 1,000,000 outpatients and 1,11,500 patients are treated per year by some 152 doctors and nurses'. But what is even more gratifying is that our hospitals as such as well as individual doctors in them are often held up as shining examples of both efficiency and devoted service. There is much discussion going on currently about the work of these to help them serve the people of the nation even more effectively in the

future. The spirit and the trends of such proposals for development are reflected in a few Reports and comments on them published in later pages of this Number.

One of the suggestions for the future is co-ordination of the work of all Christian Hospitals by an All-India body. Another is that the whole community around a hospital should be regarded as the patient. This means that hospitals should provide or work for the provision of hygienic conditions and preventive health services and thus help the community keep up good health and not be satisfied with treating members of it who fall ill.

Apart from running hospitals, there are two other ways in which the Church may become concerned for the sick. There are quite a large number of Christian doctors employed in hospitals run by the Government or by non-Christian managements and perhaps even a greater number practising 'privately', some of them running little hospitals or nursing homes of their own. The Church is present in their persons also in the field of medicine. Christian doctors have a fine opportunity of serving not only their patients but also the community by stimulating both authorities and the public to take precautions against epidemics and generally to maintain high efficiency in the health and sanitary departments. There are some Christian doctors, however, who see their 'Christian presence' mainly as an opportunity for evangelism. One lady doctor said recently that a Christian doctor 'should give tracts and gospels to every patient'. But there are others who hold the view that man's extremity should not be seized upon as Christ's opportunity and that it would be both un-Christian and professionally wrong to press an evangelistic appeal on patients in a susceptible state who would catch even at a straw of hope that a change of faith will put them on their feet again.

The linking of direct evangelism with the treatment of patients is a subject of controversy in Church hospitals, too. Writing on education the late Dr. J. R. Macphail said, 'The Christian teacher must teach, as the Christian healer must heal. No one would approve of a Christian hospital if all its patients died, even though they had all been baptised first'. Quoting this statement at a meeting of Christian Principals Bishop Newbigin pointed out that John Anderson, the pioneer missionary educationist would have parried the criticism with the question, 'And who will approve of a hospital where all the patients are cured—and go to hell?' Which, I believe, was a way of stating that doctrinaire attitudes of either type on such questions are unhelpful. Instead, doctors should be encouraged to study and discuss among themselves the total responsibility in the Christian ministry of healing and the priorities within it for different situations. We may, therefore, be thankful for the deliberations carried on under the auspices of the Christian Medical Association of India and welcome the establishment of medical fellowship groups for periodical discussion of professional concerns such as the one at Madurai, a report of which appears elsewhere in these columns.

The Church's work of healing, we are now being told, must not be an entirely specialised affair, isolated from the normal concerns of congregations as such. In the article on 'The Church and Healing' we are told about no fewer than nine ways in which congregations can help in the ministry of healing. May the perusal of this and the other writings on this ministry in this Number help our Church and its members desilt and enlarge the channels of Christ's love and power that flow through the fields of 'medicare'!

What means this Cross?

W. G. CARDER,* *Rajahmundry*

A little over 25 years ago I worked for a time in the city of Chicago. My employment was in the packing-shipping department of one of the large downtown retail stores. Each afternoon about one o'clock I walked the mile to the store. Often I walked on 'La Salle' Street, one of the widest of the crowded cement arteries in that part of the city. I will always remember a small, yet serene, church building on this street in one of the old, neglected areas of that great city. I never did see the stained glass windows from the inside. But I was impressed by the end wall of the building. This wall rose right from the edge of the sidewalk like a sheer cliff. It was a plain mass of grey concrete, slightly concave, straight up from the ground to the roof-gable of the church. Etched rather crudely, yet strikingly, on this sheer grey slab, was the figure of Christ on the Cross, right against that busy street. Over the sculpture in plain direct letters were the words 'Is it nothing to you that pass by?'

We who come to church would answer—Certainly this is most important to us. Yet the Lenten season in the church year reminds us anew of our indifference to this cross in actual life. We so easily and so often make our decisions, bear our burdens, go through our daily routines unmindful of the God-life that has suffered for us in Jesus Christ.

What means this cross? Why should the creator God

suffer for us? One profound answer is in these simple words I have seen printed on rough newspaper:

'Dear God, who loved enough
To give Thy son
Incarnate, for our sins;
The only one
Who could in sacrifice
Sufficient bring
A suffering, sinning world
To sense of sin'.

What means this cross? One man has noted—'How varied are the views men have of the cross!

- to many it is but an ornament to be worn about the neck.
- to the Roman it was an instrument of execution, obnoxious and hated.
- to Mary it was a memory of agony piercing her soul.
- to one thief it was the door to perdition, horrible and eternal.
- to the other it was the gate to paradise, wondrous beyond work of men or angels.
- to Paul it was a symbol of glory, pointing the way to heaven.
- to multiplied millions of storm-tossed souls it is an anchor, offering a haven of rest.¹

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¹ H. H. Hobbs, 'The Sign of the Cross' printed in *World Christian Digest*, London, April 1962, p. 8.

What means this cross? There are many theories of its reason and meaning. Certainly this is *not* the vengeance of God. Certainly this cannot be, it is far more than a ransom to Satan. I am glad there are so many theories. Their very variety shows the vitality of the faith as it is in Jesus. Many reflect some facet of truth related to the life of God and Man. Yet what theory is adequate to explain the wonder and mystery of the cross? Here is no accident or victim of circumstance. Here is the majesty of profound personal decision. 'God so loved the world that he gave His only son.' 'He set his face to go to Jerusalem.' Here is infinite love poured out. Here is the life of God laid down for you and me.

What means this cross? I have heard explanations to God's people in the villages of India that have communicated living sparks of light and truth. One pastor used the illustration of the abused, half-starved, disease-infected pyedog. 'If you as a man could lift the life of all such dogs by you yourself becoming one such animal and dying for dogs—could you face the prospect?' Or 'If you could become a white ant—those lowly, despised, destructive vermin that live in holes in the sun-scorched earth and who build of dirt, thin, dark, channels of destruction to any material within their reach—if you could give your life and lift the lot of these ants to the level of the human—would you suffer for them?' God in Christ has come all the way to our condition and poured out his life for us.

Or we can ask another question in this context. What is it like to be crucified? One answer, has been given by a sensitive soul with some medical knowledge and historical insight. He has noted:

... this death was not, and could not have been, a noble dignified event... the only thing noble and dignified about it was the nobility and dignity of its victim under every sort of base and shameful ill usage—... we should imagine a military lynching... for these death dealers were crude men of blunted nerves and insensitive mind, coarse, cruel, unimaginative,

sadistic, professional soldiers, evil products of brutal life and training.

Crucifixion has been called... 'the final and most terrible punishment of slaves'—inflicted in this case on One who took upon Him the form of a slave...

—Apart from the intense physical agony caused by scourging, and its resultant shock to the whole system, and apart from the almost insupportable agony caused by the incomplete severing of the median nerves by the nails through the wrists—an agony which would vibrate along the entire arm to explode in the brain at every movement... and this was a death of movement, ceaseless movement, ceaseless writhing and twisting, seeking some relief, some lesser pain, some temporary stay on death, some lull in the onslaught on the senses, an easement which cannot be found, for there is none...

Our Lord Jesus Christ suffered these agonies of body—plus agonies of mind of which we can have no earthly knowledge. This death by crucifixion was—HIS DEATH.

The words of the prophet Isaiah take on new meaning and emotional content in the shadow of the Cross—

He was wounded for our transgressions,
He was bruised for our iniquities;
Upon him was the chastisement that made us whole,
And with his stripes we are healed.

What is the meaning of this cross? Actually the real question is personal. What does the cross mean to you? The meaningful answer must be understood personally at the centre and depth of life. The real answer is your commitment of life in faith to the Christ of the Cross. Krishna Pal of North India, the friend of Carey, Marshman and Ward, found forgiveness, joy and new life at the foot of this cross. He wrote:

O Thou, my soul, forget no more
The Friend who all thy misery bore:
Let every idol be forgot,
But, O my soul, forget him not.²

² From Hymn by Krishna Pal, 1764-1822, translated by Joshua Marshman.

The Church and Healing

J. C. SAVARIRAYAN,* Ranipet

In the recent past much attention has been focused on the relationship of the whole Church to the Ministry of Healing. The term *Healing Church* has been applied to this co-operation of the congregation with the ministry of healing. More and more it is necessary for members of Christ's Church in India to realise its responsibility in the healing ministry. So far the attitude of the ordinary church members has been one of apathy and even of exploitation. To quote from the report of the Ad Hoc Commission's recommendations on the report from the Central Medical Board found on page 28 of the Proceedings of Coimbatore Synod of C.S.I., 'The relationship between the church and the church-related hospitals is not generally cordial and the church does not consider the healing ministry as part of its service. The church should feel that the medical work is its expression of the love of Christ to suffering humanity'. The Mission hospitals and their medical workers on their part, though paying lip service to the spirit of Christ, have not sought

the inspiration of the church and its prayerful co-operation. It is not only in South India but also in the West that we find a growing isolation of the medical institutions from the life of the church and its congregations. This is to be accounted for by the great strides made in modern scientific medicine, which has unfortunately made us forget God's part in healing.

This matter of Church and Healing has been subject of intense study and reappraisal by church leaders and medical workers, first at Tubingen in West Germany, later on in Tozanso in Japan and in India at Hyderabad and Coonoor. The Tubingen Report chiefly has been considered now by all medical boards of the dioceses of the Church of South India and the basic findings have been accepted. Lastly, based on the findings of the above international and national study groups, a special medical summit meeting (of the Synod), consisting of a large number of medical workers in C.S.I. and members of the survey team (S.A.S.P. of the

* Dr. J. C. Savarirayan is in charge of Scudder Memorial Hospital, Ranipet.—Ed.
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World Council of Churches) held in Madras on 4th and 5th Dec. 1967 has suggested certain concepts and recommendations to guide the C.S.I. in its ministry of healing. These concepts are :—

1. Christ is the Lord of life and Lord of all and cannot be excluded from any department of man's life including physical healing. Ultimately all healing in the world is an expression of His Saviourhood. Christ's salvation is total—involving spiritual, mental and physical aspects of man. Preaching and healing went hand in hand in Christ's ministry.

2. Physical illness is often only a single and external manifestation of a whole disintegrated personality comprising spiritual, moral and emotional failings. A recognition of this fact has brought psychiatry into its own. Our aim should be directed to the 'total man', thus helping the patient to gain the insight which leads to his growth into a mature integrated person and help to realise his relation with others and with God.

3. Healing should be the concern and responsibility of the congregation as a whole and not of its medically trained members alone. God's creative love is at work through the skill and service of human agents—even non-Christian agencies—'God heals, we serve'.

4. The spirit of compassion should characterise all workers involved in medical work.

I. Role of the congregation in the healing ministry

Doctors, nurses, social workers, chaplains and other paramedical workers, ministers, relatives and friends (who represent the congregation of God) have many opportunities for allowing their human skills, faith, prayers, love, caring and practical service to be an integrated ministry through which God can work His healing purpose. The following are some of the channels of participation in the Healing Ministry by the congregation :

1. *Prayer* : Prayer for the sick by an individual, a group or a congregation.

2. *Visitation of the sick* : Members of the congregation should go and visit the patients both at the hospital and at home—especially, chronic patients who are often very lonely and feel excluded from normal life. Hereby we extend a pastoral care to the sick and show compassion.

3. *Para-medical evangelists* as suggested by Dr. E. F. Paterson of Tirupattur Ashram, may be formed as a

volunteer group from members of the congregation and trained in minor skills of medical work as first aid, wound dressings along with ability to convey Christian words of hope, repentance and dependence on God. They also can do a follow-up programme for discharged patients.

4. *Women's Fellowships* : can help in all possible ways of service as letter writing, practical assistance to nursing staff, ministry to patients' families, also trolley library service ; literacy programme and films for long-stay patients.

5. *Training for the clergy* : As clergymen often are not properly trained in visiting and counselling patients in the hospital, a course could be planned in Theological colleges or a Seminar can be organised on how to minister to the sick. A simple knowledge of psychiatry related to religion may be useful.

6. *Blood donation* : Members of the congregation can volunteer as blood donors, to save patients who are in need of blood transfusion after severe operations, accidents, etc. Though at present blood donors are obtainable, they can be had only by offer of money and the whole business at hospitals has become commercial. But many in the congregation can be appealed to do this little sacrifice of offering their blood to save a precious life.

7. *Support of hospital* : The Sunday school children can be encouraged to give and collect funds for specific needs of the hospital ; also financially able pastorates can contribute and maintain one or more beds in hospitals ; even poor Christian patients should pay according to their ability hospital charges for treatment.

8. *Staffing problems in hospitals* : The church can help in finding committed youth for training as doctors for service in church-related hospitals. Also Christian parents should feel their obligation to stimulate their children to the vocation of Christian doctors and nurses.

9. *Hospital Sunday* that has been set apart by the Church of South India to be observed every year on second Sunday in February, should be faithfully observed in all churches to remind ourselves and pray for the Christian ministry of healing.

In conclusion, the medical work of the church is not only an answer to the sick, but to the calling of God. Every Christian has the duty to heal. A church without love and compassion for the sick is no church and a hospital without a link with a church is no hospital.

Result of Constant Search for Missions to fulfil Vellore's Burgeoning Medical Centre

GEORGE C. THOMAS, *Department of Publicity, Vellore*

About the number one reason for the successful 69 years of Christian witness of the 'Mission Hospital' or the 'American Hospital' in Vellore, as it is commonly known to local folk, is its history of constant search for new avenues for service and its continual adaptability to the needs of the times.

The Christian Medical College and Hospital in Vellore began humbly in the mind of a comparatively inexperienced missionary young woman in answer to a crying need of a bygone era, and through the years has grown and acquired character, shape, and dimension around its outreach toward meeting needs : a multiple variety of needs, local and

national. Of course, the committees at all stages of growth did help.

C.M.C. began in 1900 as a humble one-room clinic by Dr. Ida Sophia Scudder, who had then come to India to help her doctor-father. Some five years prior, while on vacation here, she saw three women in child-birth die one night after their husbands came and appealed to her thinking her to be a doctor, and refused to have her father accompany her however much she tried to convince them. The experience that night jolted her into a decision to study medicine and to help the women of India.

During the early years, she battled alone with lack of

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funds, prejudices, ignorance and, probably, loneliness, especially as her father passed away soon after her arrival. But within three years, a forty-bed Mary Taber Schell Hospital went up and by 1909 a small School of Nursing took shape. By 1918 she embarked on establishing a medical college offering LMP for women. By 1924, her Hospital had 267 beds and, in 1931, a higher grade nursing education was offered. In 1942 the medical school began preparing women for the M.B., B.S. degree.

Reading her life-story, one may be first led to admire the courage and boldness of this missionary of the Reformed church, who, despite unflattering remarks from government leaders and fellow missionaries about the Indian woman's ability to grasp and use medical knowledge and of her own ability and equipment to offer such training, went ahead making bold plans for offering medical education.

On the other hand, one can also reason that in doing what she did she was merely reacting to the crying needs of India at that time, with a true missionary's vision and dedication and with admirable fortitude. As a woman, she naturally felt the needs of the women of India and realized what contribution they could make to the national life if given the training and opportunity. She herself had been among the first batch of women students in a medical college in Philadelphia where it was the habit of boys to stand up and whistle when girls entered the classroom.

About the biggest change in the character and direction of C.M.C. came in 1947 when men students were admitted in order to fill the need for trained doctors, women and men, for the church in India. And with that came an accelerated period of growth. An illustrious group of personalities followed Dr. Scudder in contributing much to Vellore as well as to the church in South India: Dr. Carol Jameson, Dr. Hilda Lazarus, Dr. Paul Brand, Dr. Kutumbiah, Dr. Kamala Vytilingam, Dr. Reeve Betts, Dr. Ida B. Scudder, Dr. J. C. David, and Dr. John Carman, and of course, the present leaders: Director J. K. G. Webb, Principal Jacob Chandy, and the General Superintendent since 1950, Rev. Sanjeevi Savarirayan. Many, many others not mentioned here, helped place Vellore on the world map through their talents in surgery, medicine, administration and religious leadership. These are they who, when they saw a need, caught a vision and led the institution in acquiring new specialities such as reconstructive surgery for leprosy patients, C.M.C.'s noted rehabilitation programme, its rural work and others.

In the 'fifties C.M.C. took on a new rôle. Director John S. Carman sought the support of various denominations in India through their supplying of technical personnel. Many denominations volunteered not only to finance and support teachers and doctors but also to build their houses here, as the housing problem was then acute. A vast building programme of houses and hospital facilities was launched then that has not yet abated. The face of College and Hospital is even now continuously changed by new buildings. The beautiful Ida S. Scudder Auditorium built in 1967 is a source of pride to students and staff. Just now a twenty-lakh eight-storey new Nurses' Hostel has been finished (four more storeys to be added) and a Rs. 85 lakh OPQ Block is nearly half finished which will house some much needed surgical suites, paediatric and plastic surgery wards, a pharmacy and a kitchen. A new Engineering and Administration Building at the Hospital and the John S. Carman Administration Block in the College will be going up shortly. C.M.C. has some of the most modern medical equipment in the country, many of them received through gifts from church bodies and foundations around the world.

The rôle that C.M.C. has currently adopted can best be understood through its function as an institution of higher learning and research in the many branches of medicine, its interdenominationalism, and internationalism.

In fact, these three characteristics constitute the main attractions to many national and foreign staff working here, some of whom could well be earning three times as much elsewhere.

An Australian head of a department says that he appreciates his opportunity to serve in C.M.C. because, firstly, as a Christian he wants to introduce Jesus Christ to the people of India as the Healer and as the Surgeon, and, secondly, he is happy to associate himself in the training of Indians so they can help their own country, and, thirdly, he feels this is a neutral ground between the East and West and likes the international atmosphere here. His life here in India, he continues, is one large give and take, in that he is not only teaching a lot, but is constantly learning, and Vellore has been the ideal place for this.

Hospital Chaplain Rev. A. C. Oommen reasons that the type of inter-church co-operation that has characterized the history of institutions like C.M.C. did actually provide the first step in achieving co-operation on common projects of service and witness and brought different churches together in a dialogue toward unity that finally resulted in South India's unique contribution to the world—the C.S.I.

The Medical College and Hospital in Vellore has 1077 beds and a total staff of 2,262, out of which 48 are from abroad. Doctors alone number 320 and the student population, 930. Nearly all departments are manned by trained nationals. Growth during the past 18 years has been phenomenal. The institution treated 55,292 as out-patients in 1952, but last year the figure was 5,11,488, nearly ten times as much. It had a Rs. 16-lakh operating budget in 1952, whereas it is over one crore and two lakhs now. About 140 major and minor operations are performed each day in the main and branch hospitals.

Its post- and now post-post-graduate courses in surgery and higher speciality programmes help to prepare some of the best surgeons in India. The Department of Thoracic Surgery alone has trained forty thoracic surgeons in India and has greatly influenced thoracic surgery throughout the land. Of the five higher speciality degree courses now offered in Vellore three are available in only one other centre in India and two in two other centres. Says Director Webb, 'Our almost uniform success in the examinations for these degrees when outstanding specialists come to Vellore and for forty-eight hours put the candidates through an extremely comprehensive theoretical and practical examination is a measure of the quality of the training we are offering in these fields. I am convinced that the training we offer in these and in other post-graduate courses is of a quality matched by few other centres anywhere'.

But today in C.M.C. there is by no means a feeling of self-satisfaction. There is a new quest, with overtones of very real concern, for what the future rôle of this institution should be, and how it can fulfil it with limited resources and lessening foreign grants, and the prevalent threats from political conditions on the total freezing of donations from abroad.

Some fear that C.M.C. has grown too much and suggest that there needs now a period of consolidation, and some others rightly ask, how much is too much when compared to the rôle Christians should play in the life of this nation of 500 million, and doesn't consolidation mean, in certain respects, expansion, and vice versa? 'In the medical education business today,' Dr. John Carman once said, 'just to remain where you are, you have to keep running'. Advances in medicine, need for research, the variety of illnesses encountered today, and the demand for more qualified staff from various churches and regional organizations all over India, require that C.M.C. consolidate existent facilities, through judicious expansion.

Another point of view expressed is similar to that of the Consultative Committee Meeting of the W.C.C. Christian

Medical Commission held in Bangalore in January this year, that Christians must not be preoccupied with academic things, equipments and facilities, conventional systems and goals, and must now get out of the 'ghetto of our hospitals' and go out, more than they have done heretofore into the community at large to care more effectively for community health in general.

The pull toward community service is strong in C.M.C., and this, it is believed, should characterize the future. Not that C.M.C. has not already done much in this line. During the last year alone, the Hospital has treated twenty lakhs patients on roadside dispensaries, has freely given out Rs. 42,000 worth of diets, and Rs. 4½ lakh worth of drugs

to the poor. Each week it conducts rural clinics and at least one eye camp a month. About a sixth of its maintenance budget goes to the free or concessional treatment of the poorer class of patients.

Yet the prevalent question now is, 'What should our rôle be in a changing social order? How best can this institution fulfil its rôle in the future? What changes or adaptations can it make in its structure and programmes in order to give its best to the future of the Church in South India and of this great land?'

That, C.M.C., along with other Christian Medical institutions in India, is now eager to find out.

An Adventure in Faith

(The Story of the Christian Medical Fellowship, Oddanchatram)

A Students' Prayer Group

It was nearing summer vacation 1948 in the medical school in Miraj, near Bombay. A few of us, medical students, were meeting for the weekly prayer group, this time to make some serious decisions as to what we should do with the rest of our lives, as some of us were soon to become full-fledged doctors. Two ways were open before us, one was to join some of the existing Christian Hospitals, many of which were in great need of doctors, and the other was to venture into new areas of need. We chose the latter, though we had nothing in our hands to start such a work. One section of the group decided to go to Madhya Pradesh and the other chose South India.

A Needy Village

As we were looking for a needy area in South India, our attention was drawn to a drought-stricken area in Madurai district, where there was no doctor for a distance of 36 miles. The famine in this area at that time was so bad that a missionary friend told us that he had seen people eating even saw dust. Oddanchatram, a tiny village, seemed to be a central place for about fifty villages. But many of our friends thought it was too primitive a place to start medical work as there was no electricity, no telegraph office, no high school and not even a car for emergency. (Today after 13 years we have all these facilities and there are eighty-one taxis stationed in Oddanchatram !)

A doctor, a nurse and a compounder formed the first team with very little by way of equipment and drugs. There was no building available to start a clinic. Finally a Hindu friend offered a 'devil haunted house' free of rent. (We are grateful to the devil for having haunted that house !) A mud-walled, thatched house was available for the doctor to stay in. At the beginning hardly any patient came to this unimpressive clinic for treatment and the few who came were too poor to pay any fees. The meagre resources of the medical team were getting exhausted and it was a time of trial for the small group, and we were wondering whether we had been foolish, since we had been warned earlier by well-meaning friends not to start work in such needy areas without adequate funds and resources for support.

An emergency

One night, a woman in labour pain was brought. The doctor examined the woman and said that it was too serious

a case to be handled in the clinic and that she should be taken immediately to a town hospital for emergency operation. The husband pleaded 'I am a poor cooly. Please do what you can here. It is too late at night; no conveyance is available to take her to a far-off place. If you refuse I will take her home'. To take her home meant death for both the mother and child. So hectic preparations were made to save the life of this woman. A side room near the kitchen was cleaned up and got ready as an operation room. Bath towels and kerchieves were boiled to serve as linen and the little equipment available was got ready. The patient was placed on a bench which served as operation table. With trembling hands and a tearful prayer the operation was started. After some anxious time the baby, which had appeared to be dead was brought out, with a loud cry, to the joy of all.

Turning Point

This was a turning point in the life of this small group. Many came to visit the mother and child from the villages and along with them some patients too. When the number of patients increased there was no room to accommodate the increasing number of patients. When a serious patient was brought in a bullock cart, the bullock cart itself was made into a temporary emergency bed. The neighbours were very sympathetic and generous. Some of them offered their side rooms and verandas for accommodating the patients and we had to accommodate some of them even in cow sheds. As the patients were spread from house to house over a mile, people used to say it is a 'mile-long hospital'. A friend offered a vacant land to build some bamboo sheds and from then on all the scattered patients were put into the shed and a 15 bed hospital ward was organised. With the co-operation and goodwill of the local Hindu and Muslim friends one more shed was erected and the bed strength was increased to thirty.

More People Join the Team

When more beds were provided, we were short of hands. So an appeal was sent out for help. Here was a great need for willing people to help. All that we could offer was hard work, hardships, difficulties and our Christian Fellowship. More doctors and nurses joined, some of them after resigning from good and secure positions. A new site for the hospital was acquired and permanent buildings were started.

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Churches must give New Lead in Medical Mission

Odense, Denmark, (EPS)—The future of Church-related hospitals is not in 'economic artificial respiration,' Dr. J. Hakan Hellberg of the Christian Medical Commission (CMC) told the World Council of Churches' Divisional Committee on World Mission and Evangelism here last week.

The meeting had heard that the 618 Church-related hospitals in India make up 18% of available hospital beds there. But, stated CMC's director Mr. James McGilvray, '70% of the hospitals are over 40 years old and 25% are over 75 years old . . . Results of a recent survey show that US \$ 20 million is needed for hospital rebuilding, renovation and extension in India's Church hospital compounds'.

The CMC director called for an international and inter-Church planning committee to help church hospital authorities find their priorities.

He suggested that

- the future of Church hospitals must be in the overall government health programme of the country they serve ;
- they must be orientated towards the community and not only be concerned with the patients who come

to the hospitals ;

- mother and child care must come more to the forefront of the Church's effort in medical mission. (Mothers and children represent the majority of the world's population.)
- family planning and welfare with choice of methods left to individual conscience must have a high priority in the Church's medical programme.

The Christian Medical Commission was inaugurated by the World Council of Churches in June this year 'to promote the more effective use of resources for medical work through the establishment of structures for joint planning and action : (a) between the churches themselves, whether or not they belong to the World Council of Churches, and (b) between the churches collectively, other voluntary agencies and governments'.

The Commission is also concerned with a study of the nature of the Christian ministry of healing and of the problems that confront it everywhere in a changing world.

Ecumenical Press Service.

Comment on the Suggestions

DR. M. BAMBER*

Dr. Hellberg states that 'the future of Church-related hospitals is not in economic artificial respiration'. It is the aim and achievement of many of our Mission Hospitals to be economically self-supporting with regard to running expenses and to be independent for this from grants from overseas. This hospital for instance is self-supporting except for the salary of four missionaries on the staff.

Mr. McGilvray states that US 20 million dollars would be needed for hospital rebuilding, renovation and extension for India's church hospitals. We have nothing but praise for the continuing philanthropy and Christian idealism that has flowed from overseas and continues to flow in the form of new hospital buildings, equipment, etc. It is fortunate, however, that we live in India where the local communities are equally helpful in financing new building projects, etc. in the Mission Hospitals, which they look to as their own hospitals, whether they be Christian, Hindu or Muslim. Our Mission Hospital in Khammam of 120 beds, though it needs much to be done to modernise it, has at least this asset, that our past buildings result in equal part from overseas gifts and from Indian philanthropy.

'The future of Church hospitals must be in the overall government health programme of the country they serve.' Our church hospitals must be aware of national trends in medical care and do our part towards implementing them. It should be our aim that our standards, in specialist care, equipment, facilities for the patients, should be at least as good as those of a corresponding government institution. Our training programmes should be as far as possible recognised by government. We look to the Director of Medical Services as the government officer concerned with the welfare of our Church Hospitals. We should have a

happy liaison with the Government and private Doctors of our locality. In this we have found the Indian Medical Association meetings a particularly happy forum for that liaison.

On the other hand the fact that we are not Government institutions often gives us greater adaptability to experiment in those fields that perhaps are not being adequately met by other agencies in the area. Also the very difference from the Government agencies often makes the patients feel they have a chance of a fresh assessment of their troubles from a slightly different angle.

Also an especial function of the church hospital is the medical care of church workers, to keep them fit to carry out their work. Also these workers can feel free to refer their patients, knowing that they will receive helpful medical treatment and in an atmosphere of Christian prayer and teaching.

'They must be orientated towards the community and not only be concerned with the patients who come to the hospitals.' Examples of this are school health service, particularly concerned with our Mission schools: also hygiene teaching can be given to patients in Hospital and health film-strips can be shown in the villages, associated with our medical and evangelistic touring programmes. Christian teaching and preaching in wards and to out-patients enable us to show the impact of the Christian gospel on the social problems that surround us—Zaccheus the self-centred rich man who met with Jesus and then became filled with the desire to serve the community with his wealth ; Naaman the leper who received healing when he humbled himself enough to wash in the river Jordan, type of the sinner who receives forgiveness through the blood of

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Christ; then the awful punishment that befell the prophet's servant Gehazi, who took money from Naaman illicitly; the ten commandments compared with salvation by faith; in this context the command against adultery, disobedience to which leads to the prevalent venereal diseases; 'Honour thy father and thy mother'—our responsibilities to our parents in sickness etc.

'Mother and child care must come more to the forefront of the churches' effort in medical mission.' Antenatal clinics, infant welfare clinics, and a large maternity section form an important and much appreciated part of the work of this and many other Mission Hospitals.

'Family planning and welfare must have a high priority in the Churches medical programme.' This, as other Mission Hospitals, has a weekly family planning clinic and loop clinic. We have found the services of the Christian Medical Association of India Family Planning Department have been particularly helpful in stimulating this work and financing it in the beginning.

'Joint Planning and Action': There would seem to be a real need for those church hospitals whose controlling committee is largely non-medical, with only a couple of

medical members to combine into some bigger grouping, whether inter-diocesan or inter-denominational, so that medical personnel will have the encouragement of meeting at their executive committee meetings with other medicals, as well as a minority of non-medicals. Their problems of medical administration will be understood by other medicals and valuable advice obtained. Transfer of medical personnel within such larger groupings can be mutually advantageous.

'The nature of the Christian ministry of healing.' Jesus taught the crowds and healed the sick. A wonderful heritage of our church hospitals, which must not be lost sight of, is the mutual helpfulness of these two ministries, when kept together. In times of sickness and anxiety the solace of prayer and the bringing of people's thoughts to consider God in Christ, the source of forgiveness and healing, can be happily achieved by simple Gospel teaching in the wards as well as by bedside visits. When medical staff have to take their part in this ministry of the Word, it challenges them that their medical treatment be kept on a par with their Christian profession.

Plans for Co-ordination of Christian Health Services in India

Bangalore—A co-ordinating Board for Christian Health Services in India with a full-time Secretary and a board of seven persons was recommended by 25 representatives of the Roman Catholic and Protestant Churches who met here in January 12-17.

Attending the Health Planning Conference called by the World Council of Churches' Christian Medical Commission were persons engaged in Christian medical work in India, particularly Church-related hospitals. Mr. James McGilvray and Dr. J. J. Hellberg of the CMC staff were responsible for Conference arrangements.

The Consultation called for a moratorium on construction of new hospitals, the employment of an indigenous leadership in Church and mission-related hospitals within five years, amalgamation of hospitals when funds are not available to continue independent operation, training programmes for hospital personnel.

It was suggested that Christian hospitals operating in India become 'more community minded'.

'This is in contrast to building a wall around our compound and waiting for people to fall ill and come to us for repair', said a statement drawn up by the Conference.

A high priority should be given to those institutions 'which lend themselves to integration in community-health services,' it was stated. Community health care was defined to include assistance on problems of over-population, malnutrition, tuberculosis, leprosy, sanitation, and clean water supply.

One critical observer said that Christian medical work in India as a whole appears to be 'an unplanned, un-co-ordinated operation, without clear objectives, trying unrealistically to meet needs which have not been properly assessed, in the face of a severe limitation of resources'.

To help in future planning, the conference suggested—subject to approval of higher authorities—establishment of an office in Delhi with a highly qualified physician with admini-

nistrative experience as full-time secretary. He would be assisted by a staff and guided by a board.

One member of the board would be appointed by the National Christian Council, one by the Catholic Bishops' Conference and a third by the Christian Medical Commission. These three would name four more persons, one of whom might be in government service. The board would be financed initially by a grant, but eventually by membership fees of the hospitals and dispensaries.

The Rev. James S. Tong, S. J., Executive Director of the Catholic Hospital Association, and Mr. Thomas Rooney, Administrator of Holy Family Hospital, New Delhi, were asked to serve as joint temporary Secretaries.

One immediate function of the board would be to screen health-related applications going to funding agencies. Projects would be judged on the basis of principles set forth by the board with the assistance of regional advisers and a panel of experts.

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(Continued from page 6)

To make a long story short, from a tiny clinic it has grown to an eighty bed hospital, then a hundred—hundred and fifty—and today it is a two hundred bed hospital with an additional 30 bed tuberculosis hospital and a 20 bed leprosy hospital and a few village roadside clinics.

The main hospital is supported only by local resources. The fellowship is inter-denominational. The permanent members of the fellowship draw no salary but their expenses are met from the common purse of the fellowship.

The aim of the fellowship is to bear a witness to the love of Christ who heals the whole person.

DR. THARIAN.

'Healing' or 'Doctoring'?

REV. A. C. OOMMEN

When healing becomes a purely mechanical job then it is doctoring. It then is the repairing of a machine, restoring to its function certain damaged parts of the body. The concept of man according to this is that he is a machine—rather delicate and complicated. Unlike other machines which are products of the genius of man this machine has yet eluded the ability of man to create in a factory: In fact the more he enters into closer and closer study of this machine the more he is thrilled with the perfection, the beauty and the wonder of it as compared with the very best he has himself produced. If man is a machine, he is one of a very peculiar order.

The fact is that man is not a mere machine. The functioning of his body is based on a certain law and order but the scientific method of observation, tabulation, deduction, etc. cannot fully recognise the essential being in him. This is one reason why the purely scientific men find many factors unexplainable in the medical profession and often tend to leave it. It cannot go within their frame of reference. Thus healing is more than doctoring: It is the restoration of a person to the purpose for which God has created him.

The rapid progress modern medicine has made has highlighted two peculiar problems. First the high degree of specialisation has tended to fragment the man to see him as bits and not as a whole. To the man who suffers it is confusing. It is not my hand that is sick, but I am sick. In actual experience this 'I' is even more than the sum-total of all the parts put together. If healing does not take into consideration this 'I' as a whole then it becomes only doctoring at its best. Secondly the worship of Health as an idol, is an end in itself. The technical advancement has put in the hands of men tools that can reduce his work to a few hours per week, but then he has the problem of what to do with the leisure. In the medical field the advance has been spectacular and the life span is extended by several years. Now the question is 'what shall we do with this extended life?' When healing cannot be related to a purpose then also it becomes doctoring.

When doctoring is the aim of an Institution its success is measured in terms of the number of deaths it has avoided or postponed. In 'healing' that is not the criterion. To prepare a person to die properly is part of healing; it need not always mean even that all who walk out of the hospital are better healed than those who are in wheel-chairs. The central fact of healing is that at one stage or other, whether in the hospital or outside, the sick man comes to an awareness—receives a disclosure—that he is a child of God and that both his sickness and his health are within the total purposes of God.

This disclosure is a divine act. The aim of the Christian Hospital is to help the patients to receive this disclosure. Hence the necessity of a healing team. The team is the medium through which the healing is communicated. There is a danger in large and highly developed hospitals of missing this reality of the healing team. Some tend to dominate and others are tempted to become the spokes in the wheel. Recognising and maintaining this team-consciousness is the first priority in a Christian Hospital.

It is more than that. The concept of healing as we have envisaged it takes us outside the walls of the Hospital. It is not only those who know that they need the help of a Physician that are sick. The hospital-centred, patient-orientated image is giving place to a community-centred, health-orientated concept. The time will come when we shall pay the Doctor when we are well and make him pay when we fall ill. Then the most successful Hospital will be that which has no patients at all in the wards. For man is in relationship and the normal situation in which he should discover his purpose is within the community in which he is placed.

This task of healing is too precious to be left to the technically trained medical men alone. This is the total task of the Church—the congregation at a particular place. Doctors have an essential part to play to shape the vision of the congregation and to mobilise its potentials in this healing task. The team that is created within the Hospital could play back into the parish and could in the hands of God be means for recreating the fast losing awareness of the community and Mission. It also brings back reality to the preaching of the Church. Salvation becomes healing—a secular experience.

This I believe is in line with the New Testament revelation. The healing work of our Master showed this aspect. He found in the sick people presented to him the true representatives of the sick and suffering world. He dwelt with the healing of sickness as a symbol that the New World has broken into the Old World and that sin and suffering no more hold sway over the lives of men. He went a long way with the widely accepted concepts of the day that sickness is the result of sin, either individual or corporate and that to deal with sickness without dealing with the cause, sin, is impiety. But when He claimed that the Son of Man has the right to deal with sin and to forgive it and demonstrated this right by making the paralysed man walk. This was what appeared blasphemy to his hearers. Neither they nor He questioned the validity of the claim that healing is making whole or dealing with the whole person in his relationships.

The Lord showed in addition that His healing work is that of a representative man. This representative nature, though acknowledged in explaining the Cross, is often ignored concerning the rest of His ministry. The true man, the man as he should be, was what He represented and hence His command to the disciples to 'go and heal'. This again is a continuation of the same demonstration that the world of sin and suffering dealt with by a decisive act through the life, death and Resurrection of Jesus Christ and that we are proclaiming this good news through this act. In the ministry of Christ there is a third element also. The world which was watching was at the point of judgement. They were 'put on the spot' so much so that this witness was either leading them to repentance and acknowledgement of the Lordship of Christ or to hardness of hearts that they got together to plan His death.

One begins to wonder whether the popularity of the Christian Hospital is its boon or its doom. But then perhaps we are interested in Doctoring and not in healing!

On Being a Christian Doctor

DR. V. SELVARAJ,* Coimbatore

It is the long tradition of service, integrity, faith, devotion, virtues and unfathomable love towards Jesus Christ our Lord that constitute a Christian doctor. He realises that there is no Love like God's Love. It staggers his imagination and he experiences an ecstasy in this abundant and amazing love.

The call for a Christian doctor is to serve Him by serving His fellowmen. He has created Him, He has given Him all that He has, namely the wisdom, the skill, the dexterity of His fingers, intelligence and diligence. There can never be a more exalted calling than this that is available to anyone on earth. When he answers the call he gathers strength through His inestimable love, which alone can heal the sick, the maimed and the infirm.

Christ is healing the sick and the suffering through His chosen people, especially the Christian doctors provided he commits himself to Him, without attributing anything to his own works and personal efforts. It is gratifying to note that there are a number of doctors who would not commence their work or hold the scalpel without offering a word of prayer to God Almighty from whom they draw their wisdom and skill.

Healing through prayer in addition to using medical means, doctors and drugs, is no contradiction to medical science. This is a gift endowed by Jesus Christ not only to his disciples, but also to others who receive it with love and faith. If a Christian doctor possesses this gift, he has to use the talent without hiding it on account of timidity, fear, adverse criticism or danger to his reputation. The Bible tells us that if he fails to utilise this talent, it will be taken away. Moreover God does not like this talent to be commercialised or exploited by individuals or institutions on grounds of selfishness and greed. He expects a Christian doctor also to be free from bitterness, resentment, jealousy, anger or any other evil that separates him from God. Only by settling with God what he is going to do about the call, he has to serve and heal the sick. He cannot escape from this great responsibility. He is called to be His witness in all His endeavours.

Preaching has its place, writing an article has its place, but one living testimony is worth a thousand sermons. Unless the Christian doctor has something unique to offer he cannot be a witness to Jesus Christ. It is not self-sacrifice, perseverance, sincerity, which are found in our non-Christian colleagues also, that are necessary for healing; but it is the profound love of Christ that should radiate from him and bear testimony to God.

A Christian doctor may have this healing gift, irrespective of his knowledge, intelligence and diligence. Unless he works through God's love and faith, he cannot make any headway in his profession. It is automatic. I have had many occasions to feel the presence of God in my daily routine. A man was dead owing to cardiac arrest which, however, was overcome by praying at the spot in the very operation theatre. The respiratory failure that ensued, soon after returned, by appealing to God in the presence of my assistants, who might have ridiculed my crazy efforts to resuscitate him when Life was extinct. This happened at Tanjore. I have been bearing testimony to this incident many a time in order to glorify God. Simple surgery and complicated ones had proved fatal owing to lack of faith; love and prayer had been quite successful when I placed my entire faith in Him, realised my nothingness, and went down on my knees for wisdom and judgment. Space will not be adequate to cite these happenings in detail. This only indicates that all things are possible with God. He tells us, 'If ye will I ask anything in my name, I will do it'. Just any-

thing? No matter what it is! No matter how seemingly absurd and unreasonable. The heart and respiration can start again to work under the impact of faith. I wonder and marvel at the unspeakable power and mystery of an answering God. It is a demonstration of God's power and Glory.

A Christian doctor is God's chosen man. He can do wonders if he submits himself to Him and obeys Him. The Gospel should go first. He should transform the ignorant heathen into a Christian by healing him. It is the duty of the Christian doctor to make the heathen realise that the healing has been due to Jesus Christ. The gospel is God's dynamite. It can break the sick hearts, which are spiritually sensitive and this opportunity should be availed of by him. Jesus Christ did so. When people gathered unto him for healing he preached the gospel.

Some of us feel ourselves too big in our estimation for God to use. We say, 'I have the highest qualification, the greatest experience, an outstanding skill and the best of equipment' and we wait for a great work to be done commensurate with our standard. Brethren, God will never give big works to do. A Christian doctor has to take up whatever work may be forthcoming, however small it may be. He must show that he is faithful to God in little things before he gets big things from God. God did not make a great man of Elisha, until he showed himself faithful in lesser things. If only the Christian doctor can give himself up to Christ he will not only save himself, but also many other Souls could be brought to Jesus Christ.

Dr. Alexis Carrel, Nobel Prize winner, of the Rockefeller Foundation of Medical Research, has written in his famous volume *The Man the Unknown* that he has seen cancerous tissue made new, while someone was in the process of prayer. When a sample of tissue is removed and examined microscopically and found to be cancerous, God by His immense Love is capable of reactivating the affected cells into normalcy by Prayer and Faith, if only God had the will to make the diseased tissue new.

This does not mean that doctors should not use medicines to cure diseases. The travelling evangelists who draw crowds by their healing meetings claim it a sin and lack of Faith in God to go to a doctor. This teaching is not found in the Bible and is inconsistent with common sense. There is no sin in consulting a physician or surgeon if it be done in faith depending on God to use the doctor and no sin to take medicine if it be in faith depending on God to bless and use the medicine which He Himself has supplied in nature for mankind.

I can only cite King Hezekiah (Isaiah 38: 1-5) as an example, where God used means to cure him and Timothy to whom Paul prescribed wine for his gastritis. Even Jesus used spittle mixed with clay to heal a blind man. There have been cases of healing without doctors and without medicines. God can save a sinner without the use of any human aid but certainly He does not usually do so. If God can use a man with his consecrated wisdom, love and skill in winning a soul, why should he not use a doctor and other ancillary personnel with their consecrated skill in healing the sick?

Thus prayer and service go hand in hand. The greatest work that a Christian doctor can do is intercession. He must go down on his knees prior to any work that he undertakes either in the consulting room or operation theatre. God has promised to answer prayer. This is the sheet anchor by which a Christian doctor can serve mankind and the institution in which he serves.

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Man and the Material in Medicine

DR. R. VEDABODAGAM, *Nazareth*

The Healing Ministry of the Church as enunciated and envisaged for the world, stands unique. It is healing the whole man—body, mind and spirit. 'Heal the sick and preach the Gospel' is His charge. The Health Service of the Government is concerned with only the repair of the physique, while that of the Church has eternal and inestimable value. The material is made much of in the one, man is everything in the other. Men who can recognise the fact and dedicate themselves for this demanding service, as practised by Doctors David Livingstone, Hudson Taylor, the pioneers of the modern Medical Mission—their number is dwindling in the present-day world when the craze is for number and volume. 'Seek ye first the Kingdom and its righteousness and all these shall be added unto you'. This is the Royal charter. Men are God's method; We

are making much of our own methods and policies; but God is making much of the Man who would follow the Master. In all my service of 52 years in the ministry of healing I have never found the material the problem, this is secondary; but only the man who follows the Master is everything. The Church and its medical colleges should make it their concern to augment the number of men and women who would ally themselves with the charge of the Master, 'Heal the Sick and Preach'. The problem is moral and not material. The challenge is 'How many are there who recognise this scale of values of the Master who presides over the destiny of His Kingdom and its interests'. When we are weighed by Him may we not be found 'wanting'.

The Christian Nurse and Healing

G. L. SUNDARI,* *Bangalore*

Nursing is a vocation, a call from God. In calling one to be a nurse God has a very special purpose in mind. Having chosen her to be a nurse, He does not leave her there, but He is ready to help her, guide her, assist her, so that she can clearly see that Nursing is not just a profession but something deeper.

A nurse must realize that, in order to be a good Christian nurse, she has to discipline her whole life. Thinking and behaviour are very important in the profession. The nurse's mission is to deal with human suffering—suffering by individuals, by the family and by the community. The suffering involves the body, the mind, and the soul.

On the present-day nurse rests the responsibility for marching forward with the torch of nursing, and, to keep this torch burning bright, one needs the oil of knowledge and one needs Christ. This great commitment demands also practice, fortitude, poise and self-discipline.

So God requires that any Christian nurse should know Him well, have great respect for His law to do good and avoid evil and be responsible to Him, in all that she does. On His side He is ready to provide all her needs.

That calls for Prayer—Talking with Him daily, and spending time with Him. Before the day begins to praise Him for the precious life He has given, and to ask Him for His guidance, and help for the day, and in the evening to thank Him for all His fatherly goodness and love. It is not the prayer that creates the miracle, but the condition in consciousness that the prayer induces. What is this healing state of consciousness and how may it be induced? God is one who cannot be defined. He has to be experienced, just as light cannot be defined, but has to be experienced. Light suggests, perhaps, the simplest way of explaining the healing process. When the light of the sun is viewed through the prismatic lens, it is divided into colours such as red, blue, and yellow. When the light of God is viewed through the prism of prayer it manifests in the nurse's life faith, hope and love. The most powerful of all invisible elements of consciousness is love. A Christian nurse has very many opportunities to serve Christ. She needs love of humanity.

The great secret of perfect health can be stated in one sentence: 'Turn off hate, fear and self, and turn on faith, hope and love'. But how can one turn on these mighty powers of God?

Now, then, if you are praying for someone who is sick, it is a matter of prime importance that you love that person for whom you are praying. Here is a true story from the First World War. A man had been wounded severely and blood poisoning had set in. Lack of disinfectants and hospital supplies made it impossible for the nurse to take care of the infected arm. The nurse had done her best to keep the wound clean, and she prayed daily beside the patient to give him comfort and strength. Eventually she took him to a base hospital. To the amazement of the young nurse, the wound was already over-run by maggots. In deep consternation the nurse asked the doctor how to get rid of the vermin and if there was any hope. For a moment the doctor looked at the nurse and then said, 'Bind up his arm again and for God's sake don't remove the maggots. They will save him from systematic blood poisoning.' The man recovered. The maggots had done their work. The nurse had done her duty. Perfect love casteth out fear when you love God. There is nothing that one finds impossible when God dwells in you. So from creative love and creative faith is born creative peace—the greatest miracle-producing power known to man.

In conclusion here is a parable of the Radio. There was a patient in a private nursing home, who regularly tuned in the Radio every morning and every evening. His illness unfortunately was of a nature which took a long period to get cured. He listened to the news broadcasts of the world on politics and wars, songs, etc. One fine day as he was relaxing in the garden, very upset and depressed, he saw a nurse passing by. He stopped her and asked her how she managed to keep always smiling. The nurse paused for a while and said, 'I tune in my Radio morning and night and keep myself happy'. 'I too tune in the Radio morning and evening,' said the man, 'but I get depressed'. The nurse said, 'Perhaps you don't use the same kind of Radio

*Sr. G. L. Sundari is Nursing Superintendent at the C.S.I. Hospital, Bangalore—Ed.

I use'. 'Nonsense,' said the man, 'you don't mean to tell me that a mere difference of shape, style or make, can make all the difference. My Radio is shaped like a table, what is yours like?' The nurse smiled and said 'Mine is shaped like a book. In fact I carry it in my pocket.' 'Oh! a pocket Radio,' said the man. 'Let me see it.' The nurse drew out a little New Testament. 'God always speaks to man,' said the nurse, 'His broadcasting station goes on day and night, sending love, peace, joy, guidance all the time'.

So the man bought a new Radio shaped like a book. And

from that time forth He tuned in to his receiving set shaped like a book and out of it he found that there came flowing a constant stream of inspired truth that brought healing to any situation into which he was cast.

'I pass through this world but once;
Any good therefore that I can do or
Any kindness that I can show to any human being
Let me do it now;
Let me not defer or neglect it for
I shall not pass this way again.'

Christian Medical Fellowship

Diocese of Madurai-Ramnad Reports of two Conferences

'The Perils and Prospects of Heart Transplants' was the main theme of the third conference of the Madurai Christian Medical Fellowship. After group singing and devotions the morning session moved into a Bible Study on the topic, 'The Body in Christian Thought'. The Rev. R. K. Schnabel, leader, first spoke of the control that medicine and those that practise medicine have over the body. Then, reviewing traditional Christian concepts of the body as seen in our funeral rites, he gave background information from science and asked: 'What does the space age do to our Christian concepts?' Breaking up into small groups the participants studied selected passages which dealt with (a) body and soul—separateness or oneness? (b) sacredness of the body and (c) the body and resurrection. It was discovered that dualism is not a Biblical concept and that, in making up the 'wholeness' of man, body and soul cannot be separated. It was also pointed out that resurrection means the resurrection of the 'whole person' and lastly that resurrection may occur here and now in the 'new life in Christ', 'the new humanity'.

Addressing the conference on the main theme Dr. S. T. Sundara Raj of the Government Hospital reviewed the history of heart transplants and raised the medical and ethical problems involved. Small groups were formed and the participants discussed a list of provocative questions, reporting back in a plenary session which proved to be lively and animated. Dr. Sam C. Pickens, Medical Superintendent of the Christian Mission Hospital, moderated the plenary session. The group was generally in favour of such medical adventures and felt them to be within the scope of the Christian Faith. Seventy-four were in attendance.

For our fourth conference the attendance jumped to ninety-five, this being largely due to the keen interest shown by the students of the Madurai Medical College and the continuing support of the Steering Committee. Members of this committee are: Dr. G. C. Anbunathan, Dr. S. T. Sundara Raj, Dr. Sam C. Pickens, Dr. Ranjitham Devadoss,

Miss Lalitha Navaraj, Mrs. Susheela Packianathan, Miss Martha Devaraj, Mrs. J. S. Samuel, Miss Joan Shanthakumari, Mr. E. Jameson, Mr. P. Jeyasing, Mr. Frederick Joseph, the Rev. Fr. I. Sama, S.J., and the Rev. R. K. Schnabel.

In preparation for the main theme, 'Birth Control, Church and Secular State', the Rev. D. C. Gallup did a comprehensive Bible Study on, 'Human Worth—Biblical Indicators', emphasizing the worth of every person as God's creation and his responsibility because of the unique relationship he has with God. We, then, shifted to our main theme. Dr. Sam C. Bose, of the Government Hospital, moderated a full session which vibrated with enthusiastic and creative tension. Small discussion groups using specific questions and a plenary session for reporting followed the presentations by the speakers. They spoke on the following topics: The Protestant Position, Dr. Sam C. Pickens; The Roman Catholic Position, the Rev. Fr. I. Sama, S.J. Then following, the Rev. S. Devanesan spoke on the theological point of view; Dr. Christy Ganapathy on the medical; Mrs. A. J. Thinnaharan on the sociological; and Mr. D. Santhosham on the legal. It was instructive to note that the majority opinion was in favour of Birth Control using the methods available. Most of the speakers spoke forcefully in favour of it. The small discussion groups revealed some dissent from the majority. This programme with both Roman Catholics and Protestants helped clarify positions and bring understanding of dissenting views.

The medical students added variety to the conference by providing special instrumental and vocal music. Guests from St. Joseph's Hospital, Dindigul, and the Swedish Mission Hospital, Tirupattur were present. We also welcomed the assistance of Miss Martha Devaraj, recently appointed chaplain of the Christian Mission Hospital to the steering committee and to these conferences. Both conferences were held in the later part of 1968 on the campus of the American College. Our next conference, which will be a picnic meeting, is now being planned.

Makkal Mandram

Madurai and Ramnad Diocese

['Makkal' = People; 'Mandram' = coming together for a purpose such as to give justice—'Neethi Mandram'; for a debate—'Patti Mandram' etc. Here the Laity conference is rendered as 'Makkal Mandram' in Tamil. If 'Laos' should imply People 'of God' Makkal would also imply 'Iraivanin' Makkal—People of God.]

The Makkal Mandram (மக்கள் மன்றம்), convened under the joint sponsorship of the apostolate of the Laity Dept. and the East Local Council and held at Manamadurai on the 7th December 1968, witnessed the coming together of 30 men and women from various walks of life. There were teachers, headmasters, wardens, pastors, pastors' wives, a bible woman, a medical doctor, a forester, an accountant from the Block Development office and social workers.

The purpose of the conference was to plan for the future 'Laity work' in the council area on the understanding of the Biblical theme of Uppsala, viz., 'Behold I make all things new'.

There was a Bible study to see how 'The Peoples of God' (Rev. 21) and the 'God's World' (PS. 24, Jn. 3 : 16) are made anew. There was also a talk on the Role of Women—in the family, in the Church and in Society.

The Mandram found a difference between the 'People of

God' (கடவுளின் ஜனம்) and the 'followers of Christ' (கிறிஸ்துவின் அடியார்). The Mandram said, while the whole humanity is 'God's People', Christians are those who have entered into the 'new Covenant'.

During the short question period which followed the talk and the Bible study, it was pointed out that honesty is not paying in any career in the present state of affairs. Therefore the Mandram wondered if it would be possible at all to create a new order of society. So, it fell back on the promise, 'Behold I make all things New'.

In the afternoon there were group discussions with newspapers—relating the Bible study to a study of the newspapers.

Concrete issues—like corruption in the life of the public servants, the language issue, Naxalites in Kerala and the violent method of redistribution, Proselytization, quality of newspapers—were discussed in the groups and practical solutions were sought.

At the plenary, the Mandram recommended the sharing of a secular topic after the Sunday service in discussion, perhaps in place of the sermon, on a monthly basis. A follow-up of the mandram is being carried out.

D. POTHIRAJULU.

C.S.I. Synod Theological Commission

(Continued from March Issue)

What is the rôle of Baptism in the Christian understanding of redemption? Does Baptism as practised today take full account of the Biblical insights?

Baptism in the New Testament is not an impartation but an incorporation—an incorporation not merely into a sociological community but into a community known as the Body of Christ which is broken for the world. As a command from the Lord, it should be understood in terms of the Law in the Old and New Testaments as an instrument of divine freedom and not as a magical ritual. Baptism is the sacrament of commitment to the mission of Christ. It represents not separation from the world but commitment for the world. The corrupted 'communal' interpretation of Baptism should be replaced by an interpretation emphasising commitment for the renewal of the world.

The Commission decided to prepare a questionnaire based on the above discussion to help further study by Theological Colleges, Dioceses and Regional commissions. Individual scholars and theologians also will be asked to contribute essays on the subject and, on the basis of the material so gathered, the Commission will try to produce a statement at the next meeting.

3. Order of Women

The Commission took up this subject because they had been asked to do so by the Synod in response to the recommendations from the Women's Order.

It was pointed out that there is a feeling among women that they are not fully recognized by the church and as a result many are not coming forward to join the order. This

is mainly due to the insecurity of their work with no provision for provident fund and pension in some places and no central or regional homes for fellowship and retirement.

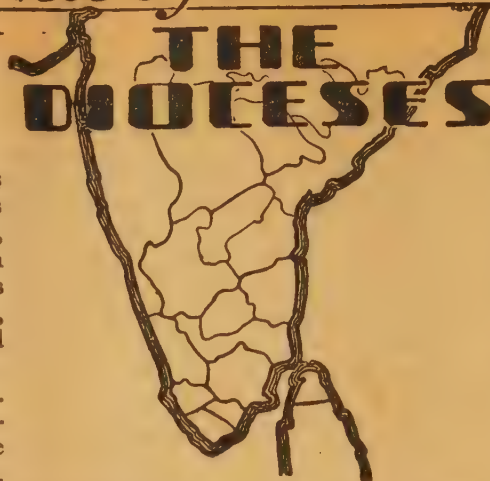
Historically, the Order for Women came into existence within the C.S.I. in 1952. The Anglican Church had Deaconesses prior to the union and the C.S.I. under the leadership of Sister Carol Graham evolved the Sisters' Order for prayer and fellowship. They have a specialised ministry to perform and they have proved useful in the church. This is a special commissioned ministry and does not form part of the ordained ministry. Nor does it belong to the laity in the present connotation of the term, namely that the Laity are within the world in frontier situations renewing the world. We look forward to the time, as Lambeth does in respect to their Deaconesses' Order, when this order could become part of the ordained ministry of the church.

We have conceived of sisterhood as a celibate order. But to regard this as a condition for women to enter into the full-time Christian ministry is not fair when there are no such conditions for men. Should celibacy be a necessary condition for full-time service of women in the church? What is the relation of sisters to other women in the church? and to those who are in secular employments? How far is the dearth for candidates due to the general desire of young people and their families that they should be married?

The church should work towards a relationship of equality of men and women in the total life, work and witness of

(Continued on p. 14)

THE DIOCESES



MEDAK

The Holy Bible Service

Exactly one month after Christmas on 25th January 1969 all the Christians of Sirpur-Kaghaznagar-A.P. (India), Roman Catholics, Church of South India, United Christians, met in His Holy Name at one place with one aim, in the premises of the R.C. Church and had a 'Holy Bible Service' at 6 p.m.

The Chief Celebrant was Rev. Fr. Abraham Febian C.M.I. Priest, Kaghaznagar, and the Chief Guest was the Rt. Rev. Mgr. Janurious, C.M.I. Bishop, at Chanda, Chanda Diocese, Maharashtra State, who preached a sermon on the prayer of Jesus for unity (John 17).

VIJAYA RAO

Dornakal Diocese

'Having given our testimonies, we would very much like the Bishop to give his'! Although taken by surprise, we are happy to say that the Bishop (and Moderator) was able to do so.

The occasion was a retreat arranged for recent converts and interested non-Christians on Feb. 9/10th, the challenger a Kamma (farmer caste) convert, who was baptized last year.

In response to our invitation, 75 people from 25 various villages left

their busy field work and spent two days listening to God's Word expounded by Bishop Solomon, the Rev. K. E. Swamidas, Mr. K. Azariah, and Mary Seethamma Garu. They represented many and various castes from the Sudra community, men and women, young and old, educated and illiterate.

Many had come to faith through an experience of Christ's healing power today; some through the written word; others through fellowship and a helping hand in time of need; one through the witness of an illiterate woman handing him the Bible and telling him where to read; some as a result of regular visiting by Biblewomen etc., and several interesting testimonies were given and captured on the tape.

In Question Hour they brought up the problems of the spot on the woman's forehead (i.e. must the married woman leave it off); is it wrong to eat Prasadam; why should we not kill chickens at threshing time; is baptism really necessary; what is the difference between Saturday and Sunday Christians? etc.

Accommodation, feeding, fellowship and advice were ably coped with by Mary Seethamma Garu, herself a Kamma convert of 16 years' standing and made strong by much suffering and persecution; and the sudden sickness of one of the guests in the middle of the night was taken as an opportunity to prove that Christ the healer, is really in our midst.

We were assured that, had the harvest been finished, many more would have come, and future meetings have been arranged to be held at a more convenient time.

What an opportunity and exciting challenge the Church is missing, while it spends all its time and talent on administration, committees, and the constant shepherding of selfish Christians, who should themselves be going out with the Gospel and an up-to-date testimony to these intelligent Muslims, and Hindus of various castes.

D. M. TATE.

(Continued from page 13)

the church. We need women to offer themselves for full-time work both within and outside the church.

In order that the Commission may make a satisfactory recommendation they decided to ask the Women's Order themselves to prepare a statement on the following points:

1. A factual study of the work they are doing at present.
2. How do they understand their role in the total life of the church?
3. What are the functions of the Mother House, Regional Homes and Community houses in the Dioceses?
4. Would they like a future development of their Order along the lines of the Lambeth resolutions?

5. What is the relation between the Women's Order and the Women's fellowship?
6. What is their view on the Synod recommendations that the church should state whether it regards the Women's Order as part of the ministry or of the laity?

In addition, they also decided to make a survey of the place of women at present in the total structure of life, work and witness within the CSI and particularly their representation in Committees and Councils from the Synod to the Pastorate Committee level.

(To be continued)

GREETINGS

"From the public meeting assembled in Church House, Westminster on Friday, 27th September 1968, to

THE CHURCH OF SOUTH INDIA

We who belong to Churches in Britain greet you who come from South India. We wish through you to send our Christian Greetings to the members of the Church of South India. We thank God for the courage and the witness of the United Church of South India through the years.

We rejoice in our fellowship with you in Christ.

We pray that our fellowship together may lead to the furtherance of the Gospel through the whole world."

75% Anglican Clergy
n
with Methodists

London, (EPS)—The Convocations of Canterbury and York, meeting independently on January 14, both agreed that 75 per cent of all Church of England clergymen must vote in favour of union with the Methodist Church before the first stage of the unity scheme can begin.

The convocations also passed resolutions approving a proposal that at least two-thirds of each house of both convocations should vote in favour. Date of final decision was set for July 8, 1969, at 7 p.m.

EPS.

Mrs. King to Preach at St. Paul's

In London it was announced that Mrs. King had been invited to deliver a sermon in the pulpit of St. Paul's Cathedral (Anglican) on March 16. Her late husband preached there four years ago on his way to Oslo to receive the Nobel Peace Prize.

EPS.

German Kirchentag theme has Ecumenical Overtones

Fulda, Germany (EPS)—The 14th German Protestant Kirchentag, to be held in Stuttgart July 16-20, will have the theme 'Hunger and Thirst for Righteousness.'

Kirchentag is a massive biennial assembly of Protestant laymen and women from all over Germany. Over the years it has attracted world-wide attention because of the quality of its study and Christian witness. This year's theme is thought to be particularly timely.

The Kirchentag is a mixture of major speeches, study groups, Bible sessions, experimental worship and cultural events such as drama and art exhibitions, all centred on the main theme.

At Stuttgart, five study groups will work simultaneously on such topics as the question of God, Man and his neighbour, the problems of democracy, righteousness in a revolutionary world, and the Church.

EPS.

Peace Conference to be held in Soviet Union

Moscow, (EPS)—A Conference for 'co-operation and peace amongst nations' will be held at Zagorsk near

APRIL 1969]



here July 1-4, the prelate of the Russian Orthodox Church, Patriarch Alexei of Moscow, has announced.

Heightened political tensions in Europe, the Middle East and Vietnam were said to have prompted the religious leaders to agree on the need for the peace conference. According to reports, they felt a solution could only be found by 'a united effort of all parties.'

EPS.

British Youth Dramatize Third World's Needs

London, (EPS)—Youth in Great Britain have found very practical ways of dramatizing the need for economic aid to the developing nations.

As a climax to the recent week of Prayer for Christian Unity, some 350 people fasted over the weekend of January 24-26—many for 40 hours. Politicians and Church leaders were among the participants, and a closing service was held in Trafalgar Square.

Aim of the demonstration was to draw government and public attention to the urgent need for more radical remedies to the problem of world poverty. Money resulting from the fast was given to overseas development projects of Christian Aid, the relief agency of the British Council of Churches.

EPS.

Indonesia's Minister of Religion Discusses Religious Tolerance

Djakarta, Indonesia, (EPS)—Indonesia's Minister of Religious Affairs, Mr. Mohamad Dachlan, assured a delegation of Christian leaders that Churches, mosques, and temples, like factories and power plants, contribute to the nation's development.

A delegation from the East Asia Christian Conference called on Mr. Dachlan recently to discuss religious tolerance, following newspaper accounts of incidents between Moslems and Christians in certain parts of the country.

The Minister invited members of the delegation from predominantly Moslem nations to share experiences of inter-faith co-operation in their countries.

EPS.

Responses to Crisis

Under the title 'Responses to Crisis' the Student Christian Movement is holding its Fourth Student Congress in Manchester. Listeners to the BBC

World Service on Sunday, April 20, will be able to hear extracts from the closing service. The Congress will be considering the problems of being a Christian in a divided world where the division between the haves and the have-nots is continually growing. Two thousand students are expected to attend the Congress and they will come from all types of colleges and universities throughout the world.

The preacher will be Dr. W. A. Visser 't Hooft, the distinguished theologian and ecclesiastical statesman, who was for many years General Secretary of the World Council of Churches.

BBC World Service: Sunday, April 20, 1969, 1715-1745 GMT.

Methodist Conferences to Vote on Church of North India

New York, (EPS)—Methodists in India will decide this year whether to enter the proposed Church of North India (CNI).

Voting will be done in the 11 annual Conferences of the Methodist Church in Southern Asia when they hold their 1969 sessions. A two-thirds majority of the votes cast in the Conferences is necessary to send the 600,000 member Methodist Church into the CNI. Scheduled to come into being in 1970, the CNI would comprise seven denominations including Anglican, Presbyterian, Congregational and others.

EPS.

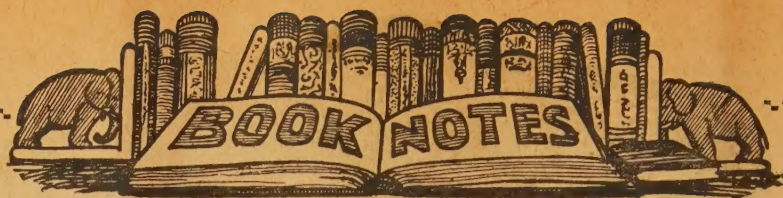
Student Struggle is Christian Concern, Japan Church Paper Holds

Tokyo, (EPS)—'The university struggle' is Japan's major social problem, according to an editorial in the January 18 issue of *Kyodan Shimpo*, the official newspaper of the United Church of Christ in Japan.

Noting that the immediate causes of the struggles differ from country to country, 'they have in common the fact that they represent resistance to existing institutions', says the editorial.

These institutions are often spoken of as structures, 'but behind this lies the criticism that the University too is a

(Continued on cover p. 3)



ENVIRONMENTAL SANITATION IN INDIA

by

KAZUYOSHI KAWATA

Dr. Kawata's book *Environmental Sanitation in India* is a much needed book in the present context of a new thinking in health care in the nation. It is indeed a healthy departure from the traditional pattern of text-books written for medical students on hygiene and public health, as it is being realised more and more that the emphasis hitherto on hospital centeredness in health care of the community without taking medical care into the community was the greatest draw-back in our curriculum. Dr. Kawata's text-book should admirably fill in this existing lacunae.

The book is concise, well written, and for a medical student it covers most of the aspects of environmental sanitation. Though it may appear like an abridged account of what one would consider as a voluminous subject, there is given at the end of the various chapters a very extensive bibliography taken mostly from work done in India. This should be of great help to a student keen to fathom deeper into this problem.

I would like to congratulate the author on this excellent text-book and would recommend this to our medical and nursing colleagues.

BENJAMIN ISAAC

*Church of South India Hospital,
Bangalore.*

INDIAN CHURCH HISTORY ARCHIVES

United Theological College,
Bangalore

Revised Catalogue 1968

This is an extremely useful catalogue of the valuable historical source materials collected and preserved in the archives of the Library of the United Theological College, Bangalore.

The catalogue lists the records and microfilms relating to the work of Missions and Churches in India dating as far back as from 1710 A.D. to the Sixties of the present century—a period of 250 years.

They contain letters of missionaries, of Government chaplains, general orders, biographical accounts, notes, pictures, conference reports, proceedings, committee minutes, reports of institutions, societies, of pastors, petitions,

appeals, title deeds, lease deeds, statistical tables, miscellaneous papers, maps, charts, etc. typewritten, in print or manuscript. There is not an atom of doubt about the great value of these collections for the writing of a history of the Church in India, though, of course, much more has still to be done, especially in the Microfilm section. 'Innumerable records', as Dr. Baago says in the Introduction to the catalogue, 'have still to be filmed in Europe and the United States', and we share the hope expressed by him that help from the Theological Education Fund and other bodies will be made available for microfilming them in course of time.

The Bangalore collection in its archives is a great boon to students of Indian Church History, particularly of South India, as most of the materials relate to the South India Missions and Church work. However, such of those as relate to the North and the East are taken care of by the Microfilm section.

The catalogue contains also some useful historical notes and hints here and there.

The Indian Church and students of Ecclesiastical history owe a debt of gratitude to United Theological College, Bangalore, for its most laudable work in this direction. Church bodies, leaders, and individual Christians should come forward to encourage and help the College in this project by donating both the historical source materials in their possession and earmarked contributions 'for the strengthening of the archives'.

D. A. CHRISTADOSS.

BRIEF NOTES

Sunshine

A copy of a recent Number of which has been sent to us, is a very good magazine for boys and girls of ten to sixteen years of age who can read anything in English outside their classrooms. While providing extra-curricular education in English and in a variety of subjects of current interest it makes them all interesting through the use of humour, pictures and a lively style of language. There is a sound moral tone in the paper. It is gratifying to see that the high standard set for the monthly by its talented founder-editor, Dr. G. S. Krishnayya, is being successfully maintained.

Mizo Miracle

By E. Chapman and
M. Clark, (C.L.S., 192 pp.,

Rs. 4) is primarily an account of the pioneering educational work for women that was done by the authors among the Mizos. It tells the story of the growth of the Mizo Church also. The miracle is not anything more miraculous than light—but not anything less either.

To know how the miracle happened and to feel the thrill of what faith and Christian Concern for man can at all times achieve one must read the whole book. The book is, however, not just one more account of the work of missionary pioneers. There are two aspects of it which give it a special interest. The first is that the Mizo country comes alive in it in all the abundance of Nature's life and loveliness and the rigours of a hilly country and fierce monsoons. The other is the illustration throughout the book of how the Mizo converts were encouraged from the beginning to assume responsibility for their own Church, especially in making decisions on a wide representative basis, and to 'retain all that is good in Mizo life while following on to what is better'. The Editor of the book, Miss Marjorie Sykes, states in the preface that, as a result of this encouragement, there has been a development of a vigorous indigenous Church alongside that of a community in which 'free self-conscious choice, personal liberty and common social purpose have been integrated into a democratic and co-operative whole'.

He came to His Own

By Joyce Peel (C.L.S., 17 pp. 60 Paise) is a nativity play of six scenes 'designed to be celebrated by actors and congregation outside a Church building, in preparation for a carol service'.

Only a congregation that has actually 'celebrated' the play can say whether it helped to make the message of the nativity an emotional and spiritual experience for them. Part of the effectiveness of the play is the characteristically English way of saying things in it and it would be difficult to carry this over into a translation. However, a free adaptation of the play by gifted writers in Indian languages may be the basis of experiments with congregational involvement in drama in the Churches in India.

D. A. T.

[APRIL 1969]

link in the modern government-society structure', says the *Kyodan Shimpo*. 'The students' criticism of the irresponsible structure of the Universities is one expression of social criticism.'

The Churches need to understand the problems students are confronting, take their solution seriously, 'suffer and walk with them', it is maintained, for the student group has traditionally been a major part of the foundation of the Japanese Church. The students are expressing a desire to live as human beings. 'Wasn't the Church established precisely because of this desire?' the editorial asks.

EPS.

Sudan Government Aids Training of Teachers of Religion

Khartoum, (EPS)—Fifteen Roman Catholic and fifteen Protestant teachers in Elementary schools are taking a one-year course in the teaching of religion, which concludes next month.

Under an arrangement with the Ministry of Education, the teachers were released from regular duties but continued to receive their salaries and books for the course from the state. The Churches met other expenses.

The programme has been welcomed as a sign of improved relations between Church and State.

EPS.

United Church Unit Backs African Liberation Movements

Milwaukee, (EPS)—Support for the 'legitimate claims' of the liberation movements in Angola, Mozambique and Portuguese Guinea was voiced here by the Council for Christian Social Action of the United Church of Christ (USA).

A Council resolution asked the U.S. Government to embargo arms shipments to Portugal and give up its use of Portuguese bases as a protest against that country's colonialism and racist policies.

EPS.

NOTICES

WANTED

Wanted from July 1969 a MATRON for the Boarding Hostel of St. Andrew's Junior High School, Jeyi (Hindi medium). Approximately 100 village Christian girls from 5-15. Some catering and nursing experience necessary. Rural surroundings. Salary according to experience. Apply as soon as possible to The Manager, St. Andrew's School, Jeyi, via Parikshitgarh, District Meerut, U.P.

WANTED

Wanted from July 1969 a HEADMISTRESS for St. Andrew's Junior High School, Jeyi (Hindi medium). The school is in a rural area and has a hostel for 100 village Christian girls. At present the Government VIII Examination is taken. A parallel Course of Technical and/or Home Management training is under consideration. Applicants should be Graduates, of not less than 5 years teaching experience, with a strong Christian vocation and a willingness to experiment with new forms of training. Apply as soon as possible to The Manager, St. Andrew's School, Jeyi, via Parikshitgarh, District Meerut, U.P.

THE THIRD ANDHRA CHRISTIAN REGIONAL CONVENTION, KURNOOL

From 7.00 p.m. on 8-5-1969 to 12.00 noon on 11-5-1969.

The above Convention will be held on A.B.M. Boys' Boarding Home premises, Kurnool, during the days mentioned above.

Sri Paul Sudhakar (Trivandrum), the Rt. Rev. C. S. Sundaresan, President, Convention Committee (Cuddapah), Rev. A. B. Masilamany (Secunderabad), Dr. Rev. G. Devasahayam (Rajahmundry), Rev. Joel Mayer (Renigunta), Sri Jeevaratnam John (Kurnool), Rev. Albert Andrews (Madanapalle), Sri K. D. Benjamin (Renigunta) and others will be the speakers.

An invitation is extended to one and all to glorify God by participating in the Convention.

I. DEVADANAM,
Convener,

Publicity and Literature Committee,
A.C.R.C., Kurnool.

WANTED WOMEN WORKERS

The Diocese of Coimbatore requires women workers, preferably graduates with several years' experience in teaching or other work. Must be Tamil speaking. Candidates must be prepared to undergo one year's training at Christa Seva Vidhyalaya, Madras. Salary scales: Graduates with C.S.V. training Rs. 140/5/240 plus Rs. 40 D.A. S.S.L.C. eligible: Rs. 100/5/200 plus Rs. 40 D.A. Apply to the Convener, Women's Work Committee, Diocese of Coimbatore, C.S.I., Post Box No. 3., Erode-1. S. India, before 30th April, 1969.

Christian Medical College, Ludhiana, Punjab, invites applications for M.B.B.S. course, opening July 1969, for men and women holding a recognized Pre-Medical certificate and complying with Punjab University Regulations.

Full particulars available from Registrar, Christian Medical College, Ludhiana, ONLY on receipt of a Self-addressed stamped envelope.

PASTORS' CONFERENCE HUBLI

19-23 May '69

Sponsored by the World Vision International. Arranged by the Karnataka Christian Council.

All recognized Church Workers in Mysore State are welcome. Please pray for the Conference.

Please apply to:

THE REV. H. M. DUKE,
Executive Secretary, KCC,
2 B., Mission Road,
BANGALORE-27.

LATEST ARRIVALS

- THE THEOLOGY OF GOREH** by B. A. Paradkar, C.L.S.—CISRS. Rs. 4.00
The third book in the *Confessing the Faith* series, here is a masterly introduction to the thought of Nehemiah Goreh, with representative selections from his writings.
- PANDITA RAMABAI** by R. K. Dongre and J. F. Patterson—C.L.S. Rs. 3.00
This absorbing biography of one of India's greatest converts to Christianity has just been republished (3rd edition)
- THE CHRISTIAN TEACHER** edited by D. A. Thangasamy and T. K. Thomas—C.L.S. Rs. 2.50
'I commend this volume of essays to all who are concerned with education, and to all who are concerned that the whole lay membership of the Christian Church should play its part worthily in the "battles of faith" of our time'. Rt. Rev. Lesslie Newbigin.
- THE CONTEMPORARY DEBATE ON GOD** by P. David—C.L.S. Rs. 2.00
It is against the Indian background that the author surveys the debate on God, and the book is full of insights and suggestions regarding both what should be followed and what should be avoided.
- THE SILVER LINING** by Mathai Zachariah Re. 1.00
Here is an attempt to relate the insights of the Christian faith to the problems we face as we seek success and security in our day-to-day life.
- COMMON TAMIL WORDS** by Elizabeth and Humphrey Palmer. Rs. 2.50
Say it yourself with Palmers! The book is meant to help non-Tamils to understand spoken Tamil and to make themselves understood in Tamil Nadu.
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